

1. NUMBER: HRF-00-063	2. PCN: PB20274	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)	3. DATE: 03/13/01	4. PAGE 1 of 1
5. TO: FD32/Denise Morris		6. THRU:		7. FROM: Ann Hoover, JSC/LM
8. TITLE OF CHANGE: Baseline Increment 3 Procedures for Renal Stone				
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine		10. NEED DATE:		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS		12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 3 US PODF		
13. RECOMMENDED EFFECTIVITY(IES): Increment 3		14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): MGUEHRFRNLSA001		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:		15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Required to support Increment 3 launch. Affected documents are MGUEHRFRNLSFL001, MGUEHRFRNLSN001, MGUEHRFRNLSN002, MGUEHRFRNLSN003, MGUEHRFRNLSN004, and MGUEHRFRNLSLF001.				
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input checked="" type="checkbox"/> Other (Specify): US PODF				
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) E-Redlined changes as seen in MGUEHRFRNLSA001 in Inc 3 ECR wing of OPMS.				
19. MOD KIT INFORMATION:				
Yes No			Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)				
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)				
Proofing Location:				
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)				
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)				
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time
20. SIGNATURE OF ORIGINATOR: Ann Hoover /s/		DATE: 04/11/01	TELEPHONE NUMBER: 2813352764	OFFICE SYMBOL: LM
21. CONCURRENCE				
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.
22. TECHNICAL APPROVAL				
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.